



# CERTIFICATION by CUSTODIAN of RECORDS

Tucson Police Department Crime Laboratory

I hereby certify that these documents are a true and correct copy of the periodic maintenance\* for the Intoxilyzer 8000 Serial Number 80-00334 maintained by the Tucson Police Department Crime Laboratory pursuant to the requirements of the Arizona Department of Public Safety for a quality assurance program.

134  
3.17.08

A quality assurance specialist (QAS) tested the instrument on the following dates. The acceptable accuracy limits, as defined in A.A.C. R13-10-104.A.2, for a 0.100AC solution are 0.090AC to 0.110AC.

Date: 3/4/08 Cal 1 0.100 AC Cal 2 0.099 AC

Between the dates of 2/14/08 and 3/4/08 the instrument was operating properly and accurately.

The instrument was taken out of service for repair on 3/4/08.  
The instrument was returned to service on —

Sarah Cione

Sarah L. Cione

3/14/08

ADPS QAS Permit # 33355

SUBSCRIBED AND SWORN to before me this 14, day of March, 2008.



OFFICIAL SEAL  
KATHY A. KINNEY  
NOTARY PUBLIC-ARIZONA  
PIMA COUNTY

My Comm. Exp. Sept. 4, 2008

Kathy A. Kinney

Notary Public

\*Includes documents specified in A.A.C. R13-10-104.A.5

Pursuant to section 28-1327, Arizona Revised Statutes, this document is a certified duplicate of the information contained in computer storage devices of the Tucson Police Department.

THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY  
A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES  
INTOXILYZER MODEL 8000

STANDARD QUALITY ASSURANCE PROCEDURE

1 of 8 sc  
B4  
3.17.08QA SPECIALIST Sarah Cione AGENCY Tucson Police DepartmentDATE 3/4/08 TIME 9:54INTOXILYZER SERIAL # 80-000334 LOCATION Crime Lab

(✓) 1. Display reads "PUSH BUTTON TO START"

## DIAGNOSTIC TESTS

- (✓) 1. Clock time check.
- 
- (✓) 2. Date check.

## OPERATIONAL TESTS

- (✓) 1. Alcohol-free subject test result 0.
- 000
- AC.
- 
- (✓) 2. Error recognition logic system functioning.
- 
- Not a Successfully Completed Test Sequence printed
- 
- (✓) 3. Proper sample recognition system.
- 
- Not a Successfully Completed Test Sequence printed
- 
- Deficient sample printed.
- 
- (✓) 4. Standard Calibration Check standard 0.
- 100
- AC
- 
- Result: 0.
- 099
- AC

Instrument is operating properly and accurately. YES ✓ NO     

## COMMENTS

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SIGNATURE

Sarah Cione

INTOXILYZER 8000  
Location: TUCSON POLICE DEPT  
Serial Number : 80-000334  
03/04/2008

09:56:26

2 of 85c

B4

---

Standard Lot#: 719802I  
Last Changed By: S. CIONE #50616

---

QAS: S. CIONE #50616  
TUCSON PD

---

Operator: S. CIONE #50616  
TUCSON PD

---

Subject: SQAP,TEST  
DOB: 11/11/1111  
Sex: F Weight: 111

---

15 Minute Deprivation Period? Yes

---

Test	g/210L	Time
Air Blank	0.000	09:57:18
Diagnostic Test	Pass	09:57:46
Air Blank	0.000	09:58:13
0.100 Cal Check	0.100	09:58:32
Air Blank	0.000	09:59:02
Subject Test	0.000	09:59:38
Air Blank	0.000	10:00:05
Five Minute Wait	ABT*	
Air Blank	0.000	10:00:44

\*Sequence Aborted

**Not a Successfully Completed Test Sequence**

INTOXILYZER 8000  
Location: TUCSON POLICE DEPT  
Serial Number : 80-000334  
03/04/2008

10:00:50

3 of 85c

B4

---

Standard Lot#: 719802I  
Last Changed By: S. CIONE #50616

---

QAS: S. CIONE #50616  
TUCSON PD

---

Operator: S. CIONE #50616  
TUCSON PD

---

Subject: SQAP,TEST  
DOB: 11/11/1111  
Sex: F Weight: 111

---

15 Minute Deprivation Period? Yes

---

Test	g/210L	Time
Air Blank	0.000	10:01:55
Diagnostic Test	Pass	10:02:22
Air Blank	RFI*	10:02:30
Air Blank	0.000	10:02:58

\*RFI Detect

**Not a Successfully Completed Test Sequence**

INTOXILYZER 8000  
Location: TUCSON POLICE DEPT  
Serial Number : 80-000334  
03/04/2008

10:03:08

4 of 8 sc

B4

Standard Lot#: 719802I  
Last Changed By: S. CIONE #50616

QAS: S. CIONE #50616  
TUCSON PD

Operator: S. CIONE #50616  
TUCSON PD

Subject: SQAP,TEST

DOB: 11/11/1111

Sex: F

Weight: 111

15 Minute Deprivation Period? Yes

Test	g/210L	Time
Air Blank	0.000	10:04:18
Diagnostic Test	Pass	10:04:46
Air Blank	0.000	10:05:13
0.100 Cal Check	0.099	10:05:32
Air Blank	0.000	10:06:02
Subject Test	0.073*	10:09:11
Air Blank	0.000	10:09:44
Air Blank	0.000	10:10:11
Subject Test	XXX**	10:10:57
Air Blank	0.000	10:11:32

\*Deficient Sample

\*\*Invalid Sample

Begin new deprivation period

**Not a Successfully Completed Test Sequence**

INTOXILYZER 8000  
Location: TUCSON POLICE DEPT  
Serial Number : 80-000334  
03/04/2008

10:12:24

5 of 8 sc  
by

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Standard Lot#: 719802I  
Last Changed By: S. CIONE #50616

---

QAS: S. CIONE #50616  
TUCSON PD

---

Operator: S. CIONE #50616  
TUCSON PD

---

Subject: SQAP,TEST  
DOB: 11/11/1111  
Sex: F Weight: 111

---

15 Minute Deprivation Period? Yes

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Test	g/210L	Time
Air Blank	0.000	10:13:20
Diagnostic Test	Pass	10:13:47
Air Blank	IPS*	10:13:55
Air Blank	0.000	10:14:23

\*Improper Sample

**Not a Successfully Completed Test Sequence**

INTOXILYZER 8000

Location: TUCSON POLICE DEPT

Serial Number: 80-000334

03/04/2008

10:14:44

Standard Lot#: 719802I

Last Changed By: S. CIONE #50616

QAS: S. CIONE #50616

TUCSON PD

Test	g/210L	Time
Air Blank	0.000	10:15:11
Cal Check	0.099	10:15:30
Air Blank	0.000	10:16:01

*Sarah Cione*

Operator's Signature

6 of 8 sc  
B4

THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY  
A.A.C. R13-10-104(A)

7 of 8 sc  
BH

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES  
INTOXILYZER MODEL 8000

STANDARD CALIBRATION CHECK PROCEDURE

QA Specialist Sarah Cione AGENCY Tucson Police Department  
DATE 3/4/08 TIME 9:54  
Intoxilyzer Serial # 80-000334 Location Crime Lab

- (✓) 1. Ensure that gas tank is attached to instrument and contains a standard alcohol concentration solution 0. 100 AC.  
OR  
Pour a standard alcohol concentration solution \_\_\_\_\_ AC, into a clean dry simulator and assemble the simulator. Ensure that a tight seal has been made. Turn on the simulator and allow temperature to reach  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$
- (✓) 2. Intoxilyzer 8000 display reads "PUSH BUTTON TO START"
- (✓) 3. Go to the "Control Testing Menu". Select "D" for dry control test or "W" for wet control test. After selection is made press ENTER.
- (✓) 4. Air blank completed.
- (✓) 5. Calibration check completed. Test results 0. 100 AC.
- (✓) 6. Air blank completed.
- (✓) 7. Remove printed record. Attach the record to the completed checklist.

SIGNATURE Sarah Cione

DPS Form Exh G-2 (Rev. 05-01)



INTOXILYZER 8000

Location: TUCSON POLICE DEPT

Serial Number: 80-000334

03/04/2008

09:54:50

8 of 8 SC  
B4

-----  
Standard Lot#: 719802I

Last Changed By: S. CIONE #50616  
-----

QAS: S. CIONE #50616

TUCSON PD  
-----

Test	g/210L	Time
Air Blank	0.000	09:55:17
Cal Check	0.100	09:55:36
Air Blank	0.000	09:56:06



Operator's Signature



TUCSON POLICE DEPARTMENT  
CRIME LABORATORY

1 of 2

INTOXILYZER SERVICE RECORD

TS4  
3.17-08

Date: 3/4/08

QAS: Sarah Cione

Intoxilyzer Serial Number: 80-000334

Reason For Service: Could not complete data download on 2/14/08.  
On 3/4/08 attempted to download w/ assistance from CMI, and still  
could not complete data download.

Date Out of Service: 3/3/08

Calibration Check completed prior to removal from service

Date: 3/4/08

SQAP completed prior to removal from service

Date: 3/4/08

Corrective Action:

☒ Sent to CMI, Inc. (3/5/08)



## Return Material Authorization Form

2 of 2 SC  
\$4

This form **MUST** be completed and enclosed with item(s) being returned.  
*Failure to complete and return this form may cause delays in crediting / repairing.*

1. Item(s) Returned:



Instrument



Supplies



Other

(Note: please ship items in their original shipping container(s) or a similar protective box.)

2. Instrument Model:

Intox 8000

Serial Number

80-000334

3. Bill To Address:

Finance / Accounts Payable

P.O. Box 27450

TUCSON, AZ 85726-7450

Ship To Address: (NO PO BOXES)

Tucson Police Department

Crime Lab

270 S. Stone Ave

TUCSON, AZ 85701-1917

Customer # 105075

Name

Phone: (520) - 791-4494

Fax: (520) 791-4642

Email: \_\_\_\_\_

4. Reason for Return: Note - If you are sending an item for repair, please give a detailed description of the problem. Please list any special instructions that you may have concerning this return. Note - Returns for credit may be subject to a 15% restocking charge.

Attn: Brian Faulkner - Please complete data download

5. Purchase Order Number (attach a copy of P.O. if applicable)

20669

6. I Authorize All Repairs:



Yes



No

7. I Authorize Repairs Up To:

\$ \_\_\_\_\_

8. I Require An Estimate Regardless of Cost



Yes



No

**Note: An evaluation fee will apply to estimates that are not repaired.**

9. Authorized By:

Terry Gallegos  
Name (Please Print)

Terry Gallegos  
Signature

3.4-2008  
Date